

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Leavenworth County Health Department			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1590	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 7/1/2015 End: 9/30/2015	
7. Submitted By Teresa Wilson		8. Date Report Submitted 10/15/2015		9. FSR # 885	10. Final Report No
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$0.00	\$5,407.00
• Benefits/Grant Expenditure				\$0.00	\$0.00
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$0.00	\$0.00
• Salary/Grant Expenditure				\$0.00	\$5,407.00
• Supplies/Grant Expenditure				\$0.00	\$0.00
• Travel/Grant Expenditure				\$0.00	\$0.00
e. Total Recipient Share of Expenses				\$0.00	\$7,410.01
• Benefits/Local core support, funding match				\$0.00	\$0.00
• Benefits/Maintenance of Effort				\$0.00	\$2,804.53
• Benefits/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Benefits/Revenue Expenditure				\$0.00	\$0.00
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Other/Revenue Expenditure				\$0.00	\$0.00
• Salary/Local core support, funding match				\$0.00	\$0.00
• Salary/Maintenance of Effort				\$0.00	\$4,276.68
• Salary/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Salary/Revenue Expenditure				\$0.00	\$0.00
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$0.00	\$251.65
• Supplies/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$0.00	\$77.15
• Travel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Travel/Revenue Expenditure				\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$36,717.89
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$16,221.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$20,496.89
Income:			
i. Total Income From Payer	\$0.00	\$0.00	\$0.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

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1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Leavenworth County Health Department			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1590	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 10/1/2015 End: 12/31/2015	
7. Submitted By Teresa Wilson		8. Date Report Submitted 1/15/2016		9. FSR # 2423	
				10. Final Report No	
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$5,407.00	\$5,407.00
• Benefits/Grant Expenditure				\$0.00	\$0.00
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$0.00	\$0.00
• Salary/Grant Expenditure				\$5,407.00	\$5,407.00
• Supplies/Grant Expenditure				\$0.00	\$0.00
• Travel/Grant Expenditure				\$0.00	\$0.00
e. Total Recipient Share of Expenses				\$7,410.01	\$7,833.77
• Benefits/Local core support, funding match				\$0.00	\$0.00
• Benefits/Maintenance of Effort				\$2,804.53	\$2,975.78
• Benefits/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Benefits/Revenue Expenditure				\$0.00	\$0.00
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$0.00	\$217.50
• Other/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Other/Revenue Expenditure				\$0.00	\$0.00
• Salary/Local core support, funding match				\$0.00	\$0.00
• Salary/Maintenance of Effort				\$4,276.68	\$4,330.68
• Salary/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Salary/Revenue Expenditure				\$0.00	\$0.00
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$251.65	\$248.00
• Supplies/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$77.15	\$61.81
• Travel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Travel/Revenue Expenditure				\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$23,477.12
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$10,814.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$12,663.12
Income:			
i. Total Income From Payer	\$10,815.00	\$0.00	\$10,815.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

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1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Leavenworth County Health Department			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1590	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 1/1/2016 End: 3/31/2016	
7. Submitted By Teresa Wilson		8. Date Report Submitted 4/15/2016		9. FSR # 2498	
				10. Final Report No	
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$10,814.00	\$5,407.00
• Benefits/Grant Expenditure				\$0.00	\$0.00
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$0.00	\$0.00
• Salary/Grant Expenditure				\$10,814.00	\$5,407.00
• Supplies/Grant Expenditure				\$0.00	\$0.00
• Travel/Grant Expenditure				\$0.00	\$0.00
e. Total Recipient Share of Expenses				\$15,243.78	\$5,416.76
• Benefits/Local core support, funding match				\$0.00	\$0.00
• Benefits/Maintenance of Effort				\$5,780.31	\$2,550.84
• Benefits/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Benefits/Revenue Expenditure				\$0.00	\$0.00
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$217.50	\$0.00
• Other/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Other/Revenue Expenditure				\$0.00	\$0.00
• Salary/Local core support, funding match				\$0.00	\$0.00
• Salary/Maintenance of Effort				\$8,607.36	\$2,352.76
• Salary/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Salary/Revenue Expenditure				\$0.00	\$0.00
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$499.65	\$485.00
• Supplies/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$138.96	\$28.16
• Travel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Travel/Revenue Expenditure				\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$12,653.36
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$5,407.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$7,246.36
Income:			
i. Total Income From Payer	\$10,815.00	\$0.00	\$10,815.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

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1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Leavenworth County Health Department			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1590	5. Funding/Grant Period Start: 7/1/2015	End: 6/30/2016	6. Report Period Start: 4/1/2016	End: 6/30/2016
7. Submitted By Haley Gwartney		8. Date Report Submitted 7/13/2016	9. FSR # 3025	10. Final Report Yes	
11. FSR Note					
12. Approved By Haley Burkett		13. Approved Date 7/13/2016			

Transaction Type	Award	Match	Revenue	Total
I. Total Obligated in Award Period	\$21,628.00	\$27,906.90	\$0.00	\$49,534.90
II. Expenditures Subtotal	\$5,407.00	\$7,383.79	\$0.00	\$12,790.79
1. Salary/Salary/Personnel-Direct	\$5,407.00	\$4,254.86	\$0.00	\$9,661.86
a. Amy Hersh, Receptionist	\$1,696.80	\$0.00	\$0.00	\$1,696.80
b. John Murphy, MD	\$1,598.66	\$1,657.57	\$0.00	\$3,256.23
b. John Murphy, MD	\$0.00	\$0.00	\$0.00	\$0.00
d. Katie Schneider, Office Manager	\$0.00	\$2,597.29	\$0.00	\$2,597.29
e. Lisa Hattok, LBSW	\$2,111.54	\$0.00	\$0.00	\$2,111.54
2. Benefits	\$0.00	\$2,903.31	\$0.00	\$2,903.31
a. FICA 7.65%	\$0.00	\$739.13	\$0.00	\$739.13
b. Health Insurance	\$0.00	\$1,112.96	\$0.00	\$1,112.96
c. KPERS 10.33%	\$0.00	\$983.58	\$0.00	\$983.58
d. Unemployment .6%	\$0.00	\$28.99	\$0.00	\$28.99
e. Workman's Compensation .4%	\$0.00	\$38.65	\$0.00	\$38.65
3. Supplies	\$0.00	\$190.54	\$0.00	\$190.54
a. Office	\$0.00	\$190.54	\$0.00	\$190.54
4. Other	\$0.00	\$35.08	\$0.00	\$35.08
a. Client Education	\$0.00	\$35.08	\$0.00	\$35.08
b. Client Services	\$0.00	\$0.00	\$0.00	\$0.00
III. Revenue Subtotal	\$0.00	\$0.00	\$0.00	\$0.00
IV. Total Expenditures in Award Period	\$21,628.00	\$28,044.33	\$0.00	\$49,672.33
V. Total Revenue in Award Period	\$0.00	\$0.00	\$0.00	\$0.00
VI. Remaining Balance	\$0.00	(\$137.43)	\$0.00	(\$137.43)

FSR Line Notes
II. Expenditure/1. Salary/Salary/Personnel-Direct/a. Amy Hersh, Receptionist Jo Anne Parker Receptionist 20%
II. Expenditure/1. Salary/Salary/Personnel-Direct/b. John Murphy, MD Violet Gomes Clinical Manager 20%
II. Expenditure/2. Benefits/d. Unemployment .6% .3%
II. Expenditure/4. Other/a. Client Education Travel